MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

10/59/385

CLAIMS

AS FILED 1"AMENDMENT IND. DEP. IND. DEP. DEP. DEP. DEP. DEP. DEP. DEP. DEP. DEP. D	IND.	DEP.
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		マンクラング・サンプログラ	2230	MAKENSHIP KAR'A BI	B-22/27	no otto cana hall to

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